LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON EDUCATION, EMPLOYMENT AND YOUTH AFFAIRS

(Reference: Inquiry into youth mental health in the ACT)

Members:

MR M PETTERSSON (Chair)
MRS E KIKKERT (Deputy Chair)
MS E LEE

TRANSCRIPT OF EVIDENCE

CANBERRA

TUESDAY, 14 JULY 2020

Secretary to the committee:
Ms S McFadden (Ph: 620 70524)

By authority of the Legislative Assembly for the Australian Capital Territory

WITNESSES

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Amended 20 May 2013

The committee met at 9.32 am.

BUSH, MR WILLIAM MURDOCH, President, Families and Friends for Drug Law Reform
LEE, MS JANETTE KAY, Secretary, Families and Friends for Drug Law Reform

THE CHAIR: Good morning, and welcome to this public hearing of the inquiry into youth mental health in the ACT. On behalf of the committee, I would like to thank Ms Lee and Mr Bush for attending today. I understand you have been forwarded a copy of the privilege statement. Could you confirm for the record that you understand the privilege implications of the statement?

Mr Bush: Yes, I do.

Ms J Lee: Yes, I confirm that.

THE CHAIR: Wonderful. Thank you. May I also remind you that the proceedings are being recorded by Hansard for transcription purposes and webstreamed and broadcast live. Before we go to questions, would you like to make an opening statement?

Mr Bush: I will start. I am the President of Families and Friends for Drug Law Reform. We are most grateful to the committee for squeezing us in at the last moment on this important inquiry. It is your mission to consider youth mental health. To do so, you cannot avoid the interplay between drug policy and mental health. Why? Firstly, substance abuse disorders overlap with other mental health conditions. Indeed, this co-occurrence is the expectation rather than the exception. This comorbidity afflicts some two-thirds to 80 per cent of people in prison. Among female detainees the co-occurrence exceeds 90 per cent.

Secondly, substance dependency itself is a recognised mental health condition. Thirdly, anxiety—so prevalent among teenagers—is a particularly potent risk factor for getting into trouble with drugs. Fourthly, prohibition intensifies the stigma and marginalisation of people with mental illness and those who support them. Stigma and marginalisation are identified by the Productivity Commission as key factors driving poor outcomes in Australia's mental health system.

By law, drug users are criminals subject to coercive criminal procedures. Indeed, prisons have become modern-day mental health institutions. Prisons are about the worst place for people with a mental health condition to find themselves. To quote Dr Mullen of Forensicare here in Victoria:

> Mental disorders and intellectual limitations are frequently constructed by staff and prisoners alike as a sign of vulnerability and vulnerable is not a safe label to wear in prison. Those who do seek mental health treatment are at risk of being seen by staff as attempting to evade the rigours of prison, and by fellow prisoners as weak and unacceptably alien. Prisons and jails are intended to be punishing and they provide hard and unforgiving environments which often amplify distress and disorder.

It is beyond the capacity of even the best resourced justice health system to engage cooperatively and respectfully with inmates suffering from addiction to a drug that the law prohibits. Coercive treatment rarely works. The often poor medical health conditions of participants in trials of heroin-assisted treatment have shown significant improvement once stabilised by that treatment. That stabilisation also helps patients address other risk factors for mental illness, like homelessness, unemployment and reoffending. On the Swiss trial, depression and other mood disorders became less frequent, requiring treatment considerably less often after the second month of the program. Mental ill health is frequently correlated with poor physical health. A German trial measured pronounced improvements in both mental and physical health of those who completed the trial. See the chart at annex D, page 29.

It has been put to us that it is impractical to promote drug law reform, that the time is not right and that there is no end of other more important issues before the body politic. We challenge that. The evidence is clear that you can kill more than one bird with better drug policies. Let us look at other burning issues facing Canberra and the nation. One is curbing the spread of coronavirus. Overseas it is already spreading in overcrowd prisons.

Heroin-assisted treatment can facilitate the early release of prisoners by securing public safety through the engagement and treatment of opiate-dependant inmates. Treatment is one of the most effective crime reduction measures ever trialled. If the Carnell government had been able to proceed with heroin trials in the 1990s we probably would not have needed a new prison. Closing the gap and reducing deaths and self-harm in custody is another issue. Because they are grossly over-represented in the ACT prison—see the chart on page 14 of our submission—Indigenous Canberrans would be particularly impacted if the COVID virus were to spread in the ACT prison.

With respect to reducing drug trafficking and illicit drug use, treatment is at least seven times more effective than drug law enforcement in reducing the supply of illicit drugs. In child protection, treatment enhances the capacity of parents to fulfil their responsibilities to their children. Prohibition sets drug-using parents up for failure. It is the most extreme form of nanny state overreach.

Homelessness and unemployment are other indicators of disadvantage—see the chart at annex D, page 26 of our submission. With respect to overdose deaths, we have focused our attention on heroin treatment because mortality from overdoses remains highest among those dependent upon opiates—see annex D, page 35. Chronic pain sufferers are driven to the illicit market because they can no longer gain access to pain relief through pharmaceuticals—annex D, page 31. And, finally, I mention suicide. Jan Lee can tell you of the desperation of her beautiful, talented young daughter, Neri, who took her own life in despair at her inability to overcome her heroin dependency. Thank you.

THE CHAIR: Thank you, Mr Bush. I will lead off with questions and then we will make our way through the committee. I was wondering if you could further expand on some of the examples you have alluded to. What is Ms Lee's story?

Ms J Lee: My story is pretty tragic, in a way. I had two children with my first

husband and both of them—Lisa and Neri—ended up experimenting with drugs when they were teenagers. By that time I was into my second marriage. That was an unfortunate set of circumstances as well. My husband was a very bright person, an economist. He had taken up farming and—to make the story short—in desperate economic circumstances he became an alcoholic.

Lisa and Neri were shared equally between their father and me, so their home life was upset in that it was sort of disorganised. Well, it was not disorganised—they usually spent the weeks in town with Phil and then the weekends and the school holidays out on the farm with me. That was the way the equal sharing went, but I guess it was disruptive. I do not think they were happy in either place, really. They were not happy with either of their step-parents.

Lisa is still alive. Neri is not; she suicided. They were very bright children; they did well at school. They had exceptional ability in various aspects of education. Lisa was doing advanced courses at ANU before she went to ANU. Neri was as bright as Lisa in a different way. I think she always felt that we expected too much of her, and that caused her some sort of desperation which caused her, I think, to experiment with drugs and seek solace elsewhere.

Once I was alerted to the fact—by her teachers at Dickson College and by Lisa, who by that time was studying in Brisbane—that she was using heroin and I confronted her with that fact there was complete denial. "No, Mum. I've experimented a bit but I'm definitely not addicted. Everything's okay." But, of course, it was not. As subsequent diaries have proved, she was actually quite desperate and did not know what to do. She did not want to be a drug addict, did not know how to get out of it, and did not want to admit it to her parents. So she became a prostitute to support her habit.

I think she got into a severe amount of debt and she just saw no hope in life. Her diaries mention that she felt that she had destroyed her ability to think clearly by using drugs—that she was no longer the person that she used to be. And I think she saw that the only way out was probably suicide. Once I was alerted to the fact that she was using heroin, I did seek help, but there was not a lot of help around in the 90s. At one stage she came to stay at the farm with us while she was trying to dry out, and I rang up to get some information about this. I was told, "After a week she should be okay. The worst should be over. She should be fine." So there was not a lot of help around and not as much as there is now, I am sure. And Neri, just in desperation, suicided because she had ruined her life and there was no future and there was no point.

So it is quite sad. Lisa also experimented with drugs, but I think she successfully stopped when she was in her late teens. So she possibly had not got as badly hooked on them as Neri, but hers, again, was caused by depression. She was studying in Brisbane and was quite lonely being away from home at 18 years old. She made the wrong sorts of friends, who were also studying at UQ. But I gather, from some of Lisa's diaries that I have been reading as I have been packing up my house, that they were all experimenting with drugs.

Again, it was depression. She split up with her partner of 11 years when she was in her early 30s. She was a vet by that stage and she had access to the veterinary drugs in the clinic that she was running. She again started to take drugs to ameliorate the pain

and the depression and to help her cope. She had sought psychiatric help. She was aware that there was other help available. So she really did her best and she ended up on the methadone program to access opioids legally. That made it quite difficult for her to carry on working because you had to go to the clinic and be there at 7 o'clock in the morning in order to get to work by half past 8 or whatever it was.

So it is very difficult for people who are already suffering from severe depression, anxiety and a sort of sense of failure—all of the bad things that go along with mental illness—and they seem to resort to drugs as some sort of way of coping. It was certainly my observation in the cases of both my daughters. It started out as a fun thing and very quickly became a problem in itself. Then, as the only way to cope with other things in life, they again turned to drugs because they knew that that would provide sleep—a relief from the constant depression, anxiety, whatever was troubling them.

So it really is a serious problem that mental illness, in my observation, is very strongly linked to drug use. I have a third daughter who also suffers from anxiety and OCD, and she has never used drugs. She has even resisted taking prescribed drugs for anxiety and so on because saw what taking drugs had done to both of her sisters. She has struggled on with cognitive behavioural treatment and so on. I think she has done better by doing that, but it was only because she had the experience of Lisa and Neri. If she had not had that she probably would have also fallen into the trap of taking drugs, and that would have been, again, desperate.

These are just personal anecdotes, I know, but I think it must be the same sort of thing that affects lots of people Australia-wide—worldwide—in that life is hard. Society is not as coherent as it used to be. There is more mental illness—that is quite clear—and a lot of people with mental illness end up resorting to drugs of the wrong sort, firstly just as a temporary thing and then permanently. That is just heart breaking, really. That probably sums it all up. That is what I have to say about that.

THE CHAIR: Thank you.

MRS KIKKERT: Thank you, Ms Lee, for sharing your story about your family and your beautiful girls. I just wanted to ask you, Ms Lee, about your daughters going through the situation in their family. The family separated. Did you see any symptoms—or did the school see any symptoms—in your girls during this time, of wanting to be by themselves and being reserved and quiet? Did they show any sorts of symptoms that teachers could pick up and reach out to help and support them?

Ms J Lee: No. Lisa did very well at Dickson College, in that she was accepted to ANU. I think she had a score of about 94 when she left college. So she was quite a brilliant student really and she did not seem to have to put a lot of effort in to achieve that. Neri, on the other hand, just gave up very early. One of the teachers contacted me when she failed year 12 and wanted to do a repeat year—do year 13. One teacher contacted me and said, "Neri is wasting her time here. She should just go out and get a job."

I did not realise the seriousness of what he was saying or why he was saying it. He did not give me enough details, really. I should have quizzed him more, but I did not

realise at the time that Neri was taking drugs. I think it was probably quite clear to the teachers at school because I am sure she would have been falling asleep in class and all sorts of things, but they did not contact me and make too much of an effort to say, "Look, we think Neri is taking drugs. You should do something about it, and this is the avenue that you could pursue." There was nothing like that.

MRS KIKKERT: Yes.

Ms J Lee: This was back in the early 90s, and I think drugs were just becoming a problem. I think there probably would be more help now. That is my feeling.

MRS KIKKERT: Yes. Going back, Ms Lee, to that particular moment in time when the girls were struggling in class, in hindsight do you think that the teachers could have become more aware or become more in tune with what was going on with their students? In order to help and to support them, did they need to have specific tools and skills at that time? Do you think that these days schoolteachers have the tools to reach out and support and help the students in their classes who are quietly deteriorating in life?

Ms J Lee: I do not know. My youngest daughter, Karina, is now 33. She was 10 years younger than Neri and 12 years younger than Lisa, and she went to Merici College. By that time she and I had left the farm, so I was a single mum looking after her. She is a very intelligent person—she is now doing a master's degree in development studies at the Crawford School—but when she was in high school she did not do well at all. She lost interest. She was the quiet one—depressed and felt persecuted by the other girls at school.

I think her description of it is that all-girl schools can be pretty poisonous places, in that girls form cliques and groups. If you are in, you are in, and if you are not in the group then you are out. You have to be in some sort of a group because otherwise it just becomes too hard. You need some sort of support around you to survive high school, in any school, I think. Karina did not do nearly as well at school as she should have. I knew she was not doing as well, but I did not know what to do about it. Obviously, I went along to teacher-parent interviews and so on.

She did well in English because she excelled at that, but subjects that she was not interested in she did not do well at. I suppose that is common amongst all of us. Sometimes it is, "I just have to do this." But, yes, it was disappointing. She did get accepted into ANU when she left high school, so she did not do all that badly, but she did not do nearly as well as she should have because she was depressed and suffering from OCD. She would go to bed very late at night and she would spend hours going around checking the house to make sure that everything was locked and the stove was off. She used to wake me up sometimes—I was working to support us—and say, "Mum, will you just come and check that the stove is off, because I have checked it 10 times and I am still not convinced it's off." Obviously, she was suffering from anxiety and OCD and stuff.

There were visits, of course, to psychiatrists and psychologists and various people who might be able to help. None of them could, really. Mental illness is a very difficult problem to treat. That is a very personal observation. She spent a couple of

years where she hardly left the house. She just spent time in the house on her own. As I said, we did seek medical help, but it was not particularly satisfactory until she made the decision that she had to get herself out of this, and it was only she who could do it. And that seems to have done it. She has a job at the Public Health Association of Australia as a communications expert and she is studying for her master's degree. She has been living with me, though. She has left home about three times and come back because the circumstances have not been right, but she is about to leave again, and I think it is okay this time. I think she will make it, but mental illness is not an easy thing to deal with.

Very few people are qualified, and most teachers are probably not qualified to deal with it either. They might be taught the tools to recognise it, but I do not know whether many of them can offer support other than to refer them to somebody else who can offer support. That is good, but then there is probably a stigma if you do that at school. Your comrades at school are going to say, "You've had to go and seek medical help," et cetera. So people are going to be reluctant to seek it. They might close in on themselves and go into denial. Certainly they might not be in self-denial, but they will deny it to other people, saying, "Oh, no, I'm fine." It is very hard to deal with somebody who says, "I'm fine," which is what Neri used to do when I would say, "I think you're taking drugs. What's happening? Your life is not on track." "No, I'm fine, Mum. It'll be all right." So it is just denial, and it is so hard to break through that.

Neri ended up in hospital a couple of times with overdoses and so on, and the treatment there was fairly brutal in that they give them the drug that combats an overdose of heroin. They tie them to the bed and that sort of stuff; it is pretty horrible. I think she probably thought that rehab was unaffordable, and it probably would have been unaffordable for me, anyway. Her father would not have been at all sympathetic. He would have said, "You've dug this hole for yourself, Neri; you can fall into it as far as I'm concerned. Go away." So it is a very hard thing to deal with.

Parents go into a bit of self-denial, as well, thinking, "I just hope it sorts itself out, one way or the other." You do what is available, but you just cannot do it forever, and it becomes very expensive to try and support these people. Of course, the mental illness is itself a problem, but when you add drugs to it you probably compound it threefold at least, because then you get into a terrible lifestyle and you get into debt and into a sense of hopelessness. So it is a very unfortunate situation to be in.

MRS KIKKERT: Yes.

Mr Bush: Can I come in with an additional point that is relevant to this discussion? One of our members whose child died went to the school sometime after that death and told the teacher what had happened. A teacher responded, "Oh, I'm not surprised." Now, the parent was absolutely distressed by that. "How come the school knew and suspected things were not going right with my child, yet I wasn't told?" This was an example of the barrier of confidentiality that can be erected between someone who knows what is happening in relation to one's child and the parental carer. The information just does not get through.

MS LEE: I have a question is on the back of Mrs Kikkert's question. With the schools, are you talking about parents not being notified if the student is in what age

group? Are you able to confirm?

Ms J Lee: Well, Neri was at Dickson College between the ages of 12 and 19, I guess. She did years 11 and 12 and then repeated year 12 because I thought I wouldn't take that teacher's advice, that I would give her another chance to do it again.

MS LEE: Yes.

Ms J Lee: Because I knew she was bright. I knew she was a very capable person, but I did not realise the extent of her dependence on drugs and how that was affecting her attitude at school.

MS LEE: Right. Mr Bush, in the example that you provided, was that student also in that late-teen age group?

Mr Bush: I believe the person was at a college. I had better not say which one it was.

MS LEE: Yes.

Mr Bush: So I guess that is late teens.

MS LEE: Thank you for that. Ms Lee, what would you say was the greatest barrier or challenge for you, as a parent, seeking support or help when you realised that perhaps your girls really needed it?

Ms J Lee: It was not knowing where to go. I cannot remember; it is a long time ago—20 or more years ago. I was given a phone number; there was a phone number you could ring about drug and alcohol abuse or something. I rang that phone number and explained my issues. That was when Neri had come back from Brisbane to stay with me at the farm for a week. That was when I got the response, "The farm's probably a good place for her because she won't be contacting any of her friends and she won't have any access to drugs. And if she's not using for a week you've got a chance of sorting it out." There was not really a lot of help, like: "You should go and do this," or "You could go and see these people," or "You should seek help elsewhere." There was not any suggestion of that.

I would be hopeful that that situation has changed and that there is more information around now, but there was not then. I did not really know where to go. And, of course, I was in a bit of denial as well. I did not know what to do; I had not confronted a situation like this before, ever. You are looking for hope—well, I was. In retrospect, it was very stupid; I should have been more proactive about seeking more substantial help and pursuing it more. I have regretted that for a long time. But at that stage I had my own problems. I had a husband who was going off the rails and a farm that was going down badly. The animals were all dying and the place was a mess.

I had Karina to think of. I did think of leaving then, but Karina was probably only about 12 years old and I thought that if I tried to leave the farm, which was out at Murrumbateman, and move to Canberra to be with Neri—so that Neri could come and live with me and I could offer support—then Lee would have said, "I'm not going to let Karina go and live with you. I won't have her living with a drug addict." So I was

caught. It was a sort of Sophie's choice situation—which child do you choose to help? I knew that Karina would not survive living with Lee. That would have been desperate for her because she was already clearly unhappy and showing signs of OCD, compulsively washing her hands and so on. I agree that I probably did not pursue it hard enough, but the circumstances were such that I was a bit tied, really, and not knowing quite what to do in quite a difficult situation.

There must be other people in similar situations; I am sure that mine is not unique. I hasten to add that Karina's father was not abusive in a physical sense, but he certainly was in a psychological sense. He could go for days without talking to any of us. So, yes, it was a bad situation all round, and I did not cope well with it. I probably was not really thinking clearly at the time, and I did not know where to go for help either. It did not occur to me to try and seek help from anybody. It was a pretty unique situation. Of course, there would be people that I could talk to. I could talk to friends, of course, but it is quite hard when you are in a situation like that.

MS LEE: Thank you, and thank you for taking the time to speak to the committee.

THE CHAIR: We have time for one last question. You have spoken about some of the problems in addressing mental illness created by our current drug laws. What changes are required to our laws to address these?

Mr Bush: The short answer that I would give is to get the criminal law off the backs of these young people who are really suffering. It just provides an impediment to their reintegration with their families and the rest of society. It forms a barrier. They are criminals. Our submission goes into the ideal of person-centred care, which is care that takes the young person with them, in terms of engaging them in their own recovery. It is very difficult to do that when the person is required by the law to stop doing something that is illegal. That is my short answer.

THE CHAIR: Thank you. We are out of time. I would like to thank you both for your attendance today. You will be sent a draft of the *Hansard* transcript for correction of any minor errors. As this hearing was held remotely, please take extra care in checking these transcripts. Thank you so much, once again, for being here today.

Ms J Lee: Thank you for having us.

Mr Bush: Yes, indeed. Thank you all.

The committee adjourned at 10.03 am.